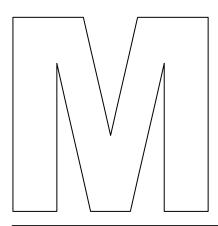


Emergency Medical and Trauma Services Section



Manage Grant Awards

July 2012 - June 2013

Provider Grants & System Improvement Funding

Let's Get Started!

Please read through the following documents prior to starting work on your FY 2013 grant.

PO or Contract	The fully executed purchase order (PO) or contract is an authorization to spend funds.		
Your Grant Application	We will use information in your grant application to review purchases/services before issuing reimbursement.		
2013 Funding Guide	This guide is the policy manual for the fiscal year 2013 and can be accessed under the Funding Program tab at www.coems.info .		

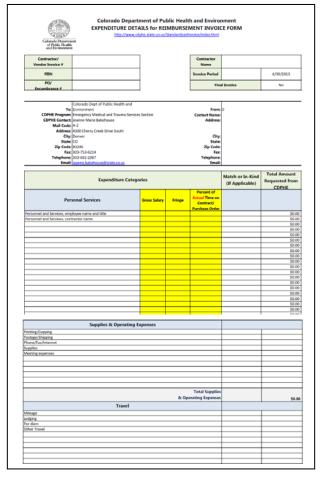
Grant Administrator's Responsibilities

Keep us up to date	Please notify us of any change of contact information. If there is a change in grant administrator notify the department via email and forward this information to the new grant administrator.				
	The deadlines for quarterly progress reports are:				
Submit four quarterly progress reports	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
	Sept. 30	Dec. 31	March 31	June 30	
	You will need access to a secure page at www.cemsis.com to submit a quarterly progress report. Call 303-692-2990 if you need a CEMSIS login ID and password to access the progress report form.				
	Once you have completed all purchases and marked your progress report as final, no additional progress reports will be required.				
Notify us of changes to your Statement of Work	To request a change of scope to your current grant award, email specific details to jeanne.bakehouse@state.co.us . Requests are reviewed on a case by case basis. You will be notified in writing of the outcome of your request. If your request is approved, you can then proceed with the approved changes.				
Track your reversions	Tracking reversions is extremely important. If you experience any changes throughout the year and believe you will revert funds, please let us know immediately.				
Meet federal & state requirements	All equipment purchased with use of funding from the EMTS grants program shall meet federal and state requirements as well as be within the scope of practice under 6 CCR 1015-3, Chapter Two (Practice Rules). This rule can be found at www.coems.info				
Notify us of intent to change ownership	The state retains partial ownership of all vehicles and equipment purchased through the grants program. If a grant-funded asset is to be transferred, the Colorado Department of Public Health and Environment must pre-approve the transfer or sale of grant-funded assets.				

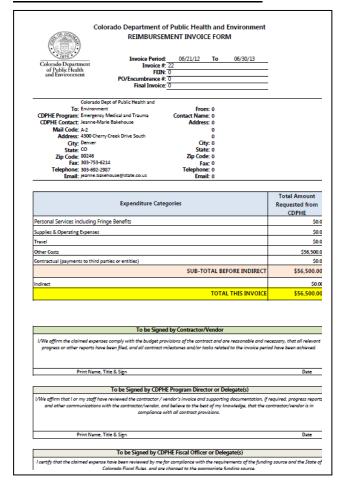
Submitting for reimbursement

For the fiscal year 2013, the Colorado Department of Public Health and Environment has implemented a department-wide standardized invoice form. The implementation of the standardized invoice form will ensure consistency when you request payment from the EMTS program and other department programs you may deal with. This form consists of one Excel spreadsheet containing two tabs:

Expenditure Detail tab



Reimbursement Invoice tab



To access and use the Reimbursement Invoice form

- 1. Go to www.coems.info click on the "Funding Program" tab.
- 2. Click on the "Manage Your Grant Award" link.
- 3. When you click on the Standardized Invoice Form, the Excel Spreadsheet should open and allow you to enter your information and expenses on the Expenditure Detail sheet.
- 4. Once you enter all of your information and expenses, click the tab in the bottom left corner of your screen to open the Reimbursement Invoice sheet.

5. Print both sheets and sign your request. Send to: <u>Jeanne.Bakehouse@state.co.us</u>. Be sure to include any attachments to support your reimbursement request.

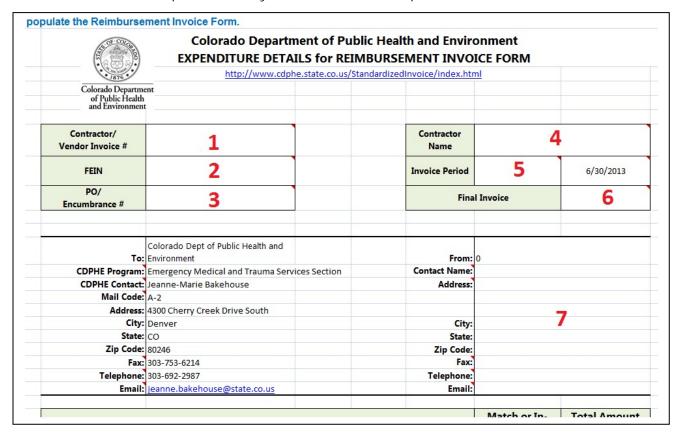
Expenditure Details Tab



The Expenditure Detail tab is the first tab you will see when opening the invoice form and is used for entering your agency/organization unique information and detailed expenditures for which you are requesting reimbursement. This sheet consists of two editable sections that must be completed when requesting payment: the <u>unique identity section</u> on the upper portion of the sheet and the <u>expenditures section</u> on the lower portion of the sheet.

Unique Identity Section

In this section you will enter your agency/organization identifying data as it appears on the purchase order or contract sent with your award packet. The grants program contact information has been pre-filled for you. Below is a description of each field:



- 1. Contractor/Vendor Invoice This field is for your own accounting use
- 2. FEIN This is your organization's Federal Employer Identification Number

- 3. PO/Encumbrance # This will start with OE or PO
- 4. Contractor Name This field needs to match your agency/organization name in the vendor section of your PO/Contract
- 5. Invoice Period This is the date you were able to start work under this agreement.
- 6. Final Invoice This field will need to be marked 'YES' or 'NO'. Entering yes in this field will trigger us to close out your purchase order or contract.
 - Note: If you would like one category closed out, but not another mark 'Yes' and the category you would like closed.
- 7. Contact Information (bottom right) These fields are required for your payment to be processed. Please enter your address as seen on your PO or Contract.

Note: If any of this contact information has changed please send us a formal update via email to jeanne.bakehouse@state.co.us.

Expenditures Section

In this section you will enter the items/services for which you are requesting reimbursement. Each grant categories' expenditures should be entered into their respective fields. If you are requesting reimbursement in multiple categories, please put all invoices for that category under the appropriate category heading. For each line in a category, enter items with a format of *Invoice number - Vendor name - Item description*, as shown in the below example:

		\$0.00
Other Costs		
Ambulance or other vehicle		
INVOICE #: 02031982B - R & R Ambulance - Type 1 4WD Ambulance	\$50,000.00	\$50,000.00
EMS and trauma equipment	Ĭ	
INVOICE #: 154205C - A & J Equipment - Cardiac Monitor	\$6,500.00	\$6,500.00
Total Other Costs		\$56,500.00
Contractual (payments to third parties or entities)		\$30,300.00
Consulting Evaluation (outsourced)		
Other sub-contract		
Other sub-contract		
Total Contractual		
		\$0.00
SUB-TOTAL	BEFORE INDIRECT	\$56,500.00

Requesting Reimbursement for Provider Grants

If you are requesting reimbursement for a provider grant, the "Other Costs" category heading will be the primary place to enter costs. It includes space to list expenditures in the following provider grant categories.

- 1. Ambulance & Other Vehicle
- 2. EMS and Trauma Equipment
- 3. Communications Equipment
- 4. Data Collection Equipment
- 5. Injury Prevention Equipment
- 6. Other

Requesting Reimbursement for System Improvement Grants

Below is a listing of the other categories on the invoice form, and what categories you are allowed to request payment in for these areas. These areas should only be used if you are requesting payment in certain grant categories.

1. "Personal Services" - You can request payment in all system improvement categories and the provider grant categories of personnel/services and recruitment/retention.

Note: Please reference p. 26 of your Funding Guide before requesting payment in the Personal Services section of the form.

- 2. "Supplies & Operating Expenses" You can request payment in all system improvement categories.
- 3. "Travel "- You can request payment in all system improvement categories and the provider grant categories of personnel/services and recruitment/retention.
- 4. "Contractual" This area will not be utilized by EMTS grantees.
- 5. "Indirect" You can request payment in all system improvement categories.

Points to Remember when adding reimbursement items

- You must enter the amount your agency/organization will match for provider grants in the "Match or In-Kind" field.
- The match amount will be either 50%, or our previously agreed upon percentage.
- Each invoice must be dated within your given grant work period. We will not be able
 to reimburse any costs for items purchased before your grant start date on your
 contract/PO, or after June 30, 2013.
- We are a reimbursement-based grant program and will only reimburse items or services which have been already purchased and invoiced to you.
- If unsure as to where to enter a particular item, contact the Grants Program Coordinator at (303)692-2991.
- The following documents may be attached to show proof of purchase: vendor invoices, receipts, payroll records, and pictures.

Reimbursement Invoice Tab



After listing your expenditures on the "Expenditure Details" sheet, you will need to click over to the "Reimbursement Invoice" tab in the bottom left corner of the form. All fields on this sheet are write-protected and are populated from your input on the first sheet. The previously added expenditures are totaled and displayed for you on the upper portion of this sheet. The lower portion is designated for your signature. Please make sure to print both sheets and sign the second sheet before emailing your payment request to us. Payment requests should be emailed to: Jeanne.Bakehouse@state.co.us

	Colorado Department	of Public Health and	Environment	
	REIMBURS	EMENT INVOICE FOR	RM	
¥1876 *	Invoice Perio	d: 06/21/12 To	06/30/13	
Colorado Department	Invoice	#: 22		
of Public Health and Environment	FEI	N : 0		
und Environment	PO/Encumbrance	#: 0		
	Final Invoice	:e: 0		
To: Enviror		From: 0		
CDPHE Program: Emerge	-	Contact Name: 0		
CDPHE Contact: Jeanne	-Marie Bakehouse	Address: 0		
Mail Code: A-2		0		
	herry Creek Drive South	0		
City: Denver		City: 0		
State: CO		State: 0		
Zip Code: 80246		Zip Code: 0		
Fax: 303-75		Fax: 0		
	2 2007	Telephone: 0		
	2-2987	Telephone: 0		

Expenditure Categories	Total Amount Requested from CDPHE	
Personal Services including Fringe Benefits	\$0.00	
Supplies & Operating Expenses	\$0.00	
Travel	\$0.00	
Other Costs	\$56,500.00	
Contractual (payments to third parties or entities)	\$0.00	
SUB-TOTAL BEFORE INDIRECT	\$56,500.00	
Indirect	\$0.00	
TOTAL THIS INVOICE	\$56,500.00	

Dogo / of 7

To be Signed by Contractor/Vendor

EMTS Grants Program Contacts